

Request to Access Special Project Community Capacity Funds

____ Community Services Board/Behavioral Health Authority is requesting:
(Name of CSB/BHA)

☐ **\$3,000** of Community Capacity Funds related to Congregate Residential Services;

☐ **\$1,000** of Community Capacity Funds related to Day Support Services.

We are requesting these funds for the following individual, who has been assigned a **Waiver Slot** for community placement Under the FY2012 Special Project for SVTC and CVTC:

Name:

Formerly resided at:

Does or will now reside in the following new location:

☐ Name of group home provider:

☐ Name of sponsored residential provider:

Address:

Does or will now receive Day Support/Supported Employment services at the following new location:

☐ Name of Day Support/Supported Employment provider:

Address:

The requested funding is anticipated to cover the costs of the following:

☐ Personal needs of the individual – Approximate Amount _____

☐ Home furnishings to benefit the individual – Approximate Amount _____

☐ Non-billable staffing costs associated with transition – Approximate Amount _____

☐ Transportation expenses – Approximate Amount _____

☐ Other costs: purchase of in-home recreational items to encourage more appropriate use of leisure time and prevent recidivism – Approximate Amount _____

Signature of Provider

Date

Signature of Case Manager

Date

The Case Manager must first authorize before sending the request to ODS. *Please send the completed request to: Lee Price, ODS, 1220 Bank Street, P.O. Box 1797, Richmond, Virginia 23218-1797 or fax to (804) 692-0077*